## **Application Data Sheet**

**Application Information** 

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?

Title::

**AUTOMATIC OPTICAL INSPECTION OF** 

COMPONENTS USING A SHADOW PROJECTION

THRESHOLD FOR A DATA STORAGE

**DEVICE** 

Attorney Docket Number::

STL11284

Request for Early Publication?:: No

Request for Non-Publication?:: No

3

Suggested Drawing Figure::

4

Small Entity::

No

Petition included?::

**Total Drawing Sheets:** 

No

Secrecy Order in Parent Appl.?:: No

**Applicant Information** 

Applicant Authority type::

Inventor

**Primary Citizenship Country::** 

Malaysian '

Status::

**Full Capacity** 

Given Name::

Ching Tong

Middle Name::

Family Name::

Sim

City of Residence::

Singapore

State or Province of Residence::

Country of Residence::

Singapore

Street of mailing address::

Blk 267, Tampines St. 21, #03-67

City of mailing address:: Singapore

State or Province of mailing address::

Postal or Zip Code of mailing address:: 520267

Applicant Authority type:: Inventor

Primary Citizenship Country:: Filipino

Status:: Full Capacity

Given Name:: Rory

Middle Name:: S.

Family Name:: Limqueco

City of Residence:: Singapore

State or Province of Residence::

Country of Residence:: Singapore

Street of mailing address:: Blk 210, Yishun St. 21, #03-47

City of mailing address:: Singapore

State or Province of mailing address::

Postal or Zip Code of mailing address:: 760210

Applicant Authority type:: Inventor

Primary Citizenship Country:: Singaporean

Status:: Full Capacity

Given Name:: Jee Suan

Middle Name::

Family Name:: Kwok

City of Residence:: Singapore

State or Province of Residence::

Country of Residence:: Singapore

Street of mailing address:: Blk 374, Tampines St. 34, #09-46

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City of mailing address:: Singapore

State or Province of mailing address::

Postal or Zip Code of mailing address:: 520374

Applicant Authority type:: Inventor

Primary Citizenship Country:: Singaporean

Status:: Full Capacity

Given Name::

YewChoon

Middle Name::

Family Name::

Chia

City of Residence::

Singapore

State or Province of Residence::

Country of Residence::

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Street of mailing address::

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